



RCE/PTA00
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W. Lawson
11/20/03

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| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner for Patents Box RCE Washington, DC 20231 | Application Number | 09/475,448 |
| | Filing Date | 12/30/1999 |
| | First Named Inventor | LYNCH |
| | Art Unit | 2611 |
| | Examiner Name | Chung |
| | Attorney Docket Number | RCA 89385 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

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1. **Submission required under 37 C.F.R. 1.114**

NOV 14 2003

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on Technology Center 2600
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☐ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-0832

i. ☒ RCE fee required under 37 C.F.R. 1.17(e)

ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17)

iii. ☒ Other Terminal Disclaimer

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | |
|---|------------------------|-----------------------------------|-----------|
| Name (Print /Type) | Robert D. Shedd | Registration No. (Attorney/Agent) | 36,269 |
| Signature | <i>Robert D. Shedd</i> | Date | 11/7/2003 |

| CERTIFICATE OF MAILING OR TRANSMISSION | | | |
|--|--------------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below: | | | |
| Name (Print /Type) | Eliza Buchalczyk | Date | 11/7/03 |
| Signature | <i>EBuchalczyk</i> | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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